States Environmental Protection Agency Washington, DC 20460 Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation **Notification of Hazardous Waste Activity** and Recovery Act). C Date Received Installation's EPA ID Number day) Approved mo. GREENE I. Name of Installation CENTER OF SPRINBFIELD eK Installation Mailing Address Street or P.O. Box City or Town ZIP Code Location of Installation Street or Route Number City or Town State ZIP Code Installation Contact Name and Title (last, first, and job title) Phone Number (area code and number) GENMER41 Ownership A. Name of Installation's Legal Owner B. Type of Ownership (enter code) VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) A. Hazardous Waste Activity **B. Used Oil Fuel Activities** 2 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 6. Off-Specification Used Oil F (enter 'X' and mark appropri 2. Transporter - Congrator Marketin ☐ 3. Treater/Storer/Disposer 445287 4. Underground Injection 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below il Fuel Marketer of CASHAGEMENT a. Generator Marketing to Burner RCRA RECORDS ☐ b. Other Marketer VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A. Utility Boiler ☐ B. Industrial Boiler C. Industrial Furnace VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) A. Air ☐ B. Rail C. Highway D. Water ☐ E. Other (specify) IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

A. First Notification ☐ B. Subsequent Notification (complete item C) C. Installation's EPA ID Number

	20	ID — For Official Use Only							
	a a	С	7 07 07 10 10 10 10 10 10 10 10 10 10 10 10 10	T/A C					
N. Daniel and Harris and Harris		W		1					
X. Description of Hazardous Waste									
A. Hazardous Wastes from Nonspecific So- from nonspecific sources your installation	handles. Use additional she	ets if necessary.	!61.31 for each listed haze	ardous waste					
1 2	3	4	5	6					
7 8	9	10	11	12					
B. Hazardous Wastes from Specific Source	s. Enter the four-digit number	er from 40 CFR Part 261.	32 for each listed hazardo	us waste from					
specific sources your installation handles	. Use additional sheets if neo	cessary.							
13 14	15	16	17	18					
		*							
19 20	21	22	23	24					
		5							
25 26	27	28	29	30					
				30					
C. Commercial Chemical Product Hazardou your installation handles which may be a l	<b>is Wastes.</b> Enter the four-dig hazardous waste. Use additio	git number from 40 <i>CFR</i> P	art 261.33 for each chem	ical substance					
31 32	33	<del>-</del>	T 25 TT						
		34	35	36					
37 38	39	40	41	42					
43 44	45	46	47	48					
		*							
D Listed Infectious Wester Enter the four	finit number from 40 CER Po	7 261 246							
D. Listed Infectious Wastes. Enter the four-control pitals, or medical and research laboratorie	s your installation handles. L	Jse additional sheets if ne	ous waste from hospitals, ecessary.	, veterinary hos-					
49 50	51	52	53	54					
E. Characteristics of Nonlisted Hazardous V	Vastes. Mark 'X' in the boxes	corresponding to the cha	aracteristics of nonlisted h	nazardous wastes					
your installation handles. (See 40 CFR Part	ts 261.21 — 261.24)	*							
☐ 1. Ignitable (D001)	2. Corrosive (D002)	☐ 3. Reactive (D003)	e [	4. Toxic (D000)					
XI. Certification		120007	Appendia (k. 1345. distantin	(2000)					
I certify under penalty of law that	I have personally exam	nined and am familia	r with the information	n submitted in					
this and all attached documents,	and that based on my l	inquiry of those indi	viduals immediately i	responsible for					
obtaining the information, I believe	e that the submitted info	ormation is true, acci	urate, and complete, I	am aware that					
there are significant penalties for submitting false information, including the possibility of fine and imprisonment.  Signature Name and Official Title (type or print) Date Signed									
0 0.1			ANT Date S	igned / / / / / / /					
Julie Sol	JMI	resal c	4117 Ge'Y	10187					

EPA Form 8700-12 (Rev. 11-85) Reverse

RECEIVED AIL TO:

MISSOURI DEPARTMENT OF NATIBAL RESOURCES
WASTE MANAGEMENT PROGRAM
P. O. BOX 176
JEFFERSON CITY, MISSOURI 65102

MAY 1 9 1987

States Environmental Protection Agency Washington, DC 20460

SEPA

**Notification of Hazardous Waste Activity** 

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only			Recovery Act).
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	ments		
C C			
9		Date Received	017
Installation's EPA ID Number	Approved	(yr. mo. da	5 Greene
FMOD981713548 1	8	7060	5 GREET
I. Name of Installation			
SARANN TRUCK CE	NTER	OF	SPRINBF,
II. Installation Mailing Address			
	r P.O. Box		
3836 NORTH CLEN	5702	$\epsilon$	
City or Town			State ZIP Code
III. Location of Installation			4061101
	oute Number		
SAME			
City or Town			State ZIP Code
SAME			
IV. Installation Contact			
Name and Title (last, first, and job title)		Phone Nur	nber (area code and number)
CKILL MIKE 6	ENMG	R417	8690775
V. Ownership			
A. Name of Installation's Legal Owne		В.	Type of Ownership (enter code)
		B. 1	Type of Ownership (enter code)
A. Name of Installation's Legal Owner RFRANK MOLLE			P
A. Name of Installation's Legal Owner			ions.)
A. Name of Installation's Legal Owner of Regulated Waste Activity (Mark 'X' in the apparatus Waste Activity  1 1a. Generator  A. Name of Installation's Legal Owner of Regulated Owner of Regulation (Name of Installation's Legal Owner of Regulation's Legal	propriate boxes.	Refer to instructi	ions.)
A. Name of Installation's Legal Owne  C. F. A. W. M. M. L. E.  VI. Type of Regulated Waste Activity (Mark 'X' in the apple of Regulated Waste Activity  A. Hazardous Waste Activity  1b. Less than 1,000 kg/mo.	Gropriate boxes.  G. Off-Specific (enter 'X' all	Refer to instructi B. Used Oil Fuel cation Used Oil Fuel and mark appropria	ions.)
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				ID	- For Official Use Only	,
				C W		T/A C
X. De	scription of Ha	zardous Wastes (con	tinued from fro			1
A. Haz	ardous Wastes fro	m Nonspecific Sources. E es your installation handle	nter the four-digit n	umber from 40 CER Part 2	61.31 for each listed haz	zardous waste
	1	2	3	4	5	6
	7	8	9	10	11	12
B. Haz	ardous Wastes from	m Specific Sources. Enter	the four-digit numb	per from 40 CER Bort 361 3	260	
spe	Ciric sources your in	nstallation handles. Use ad	ditional sheets if ne	cessary.	2 for each listed nazardo	ous waste from
-	13	14	15	16	17	18
	19	20	21	22	23	24
	25	26	27	28	29	30
	A					
	31	s which may be a hazardou	33	34	35	36
	37	38	39	40	41	42
	43	44	45	46	47	48
				4		
D. Liste pital:	ed Infectious Waste s, or medical and re	s. Enter the four-digit num search laboratories your in	ber from 40 CFR Pastallation handles.	art 261.34 for each hazarde Use additional sheets if ne	ous waste from hospitals	, veterinary hos-
	49	50	51	52	53	54
×						
E. Char	moterion neriores	sted Hazardous Wastes. No. (See 40 CFR Parts 261.2)	Mark 'X' in the boxe — 261.24)	s corresponding to the cha	racteristics of nonlisted	nazardous wastes
	1. Ignitable (D001)		Corrosive (D002)	☐ 3. Reactive (D003)		4. Toxic (D000)
/ ce	rtification ertify under pana	alty of law that I have	personally exam	nined and am familiai	with the information	on submitted in
obt	s and all attache aining the inforl	ed documents, and the mation, I believe that the ort penalties for submit	at based on my he submitted inf	inquiry of those indivi formation is true, accu	iduals immediately	responsible for
Signatu		1.	Name and Off	icial Title (type or print)	Date S	
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EPA Form 8700-12 (Rev. 11-85) Reverse

MAIL TO:

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
P. O. BOX 176
JEFFERSON CITY, MISSOURI 65102